



Arizona Department of Financial Institutions  
Biographical Statement



The information entered herein is for official use only and will be maintained in confidence.

Legibly print or type all information.

Do not leave any blank spaces - there must be an answer provided for each inquiry.

Therefore, if not applicable use "None" or "N/A"

Do not add attachments in lieu of completing our forms.

License Type:

Licensee Name:

AzDFI License #:

**A. General:**

1. Title / Position	Check One: <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Miss	Last Name	First Name	Middle Name
2. Resident Address:			City:	State: Zip Code:
3. Telephone Number: (Home) (Cell)			E-Mail Address:	
4. Alias(es) Nicknames, or changes in name:			Maiden Name (if any):	
5. Social Security Number:	Date of Birth:	Place of Birth:	Drivers License No. & State of Issue:	
6. Years of Experience in the line of work for the License Type listed above:				
7. Scars, physical defects, distinguishing marks:				
8. Do you have any other Arizona business interests? Please List. <input type="checkbox"/> Yes <input type="checkbox"/> No				
9. Do you hold or have you held any occupational or professional licenses which have been refused, denied, revoked or suspended by any state or the federal government? <input type="checkbox"/> Yes <input type="checkbox"/> No				
10. Do you have a history of mental or nervous disorder? <input type="checkbox"/> Yes <input type="checkbox"/> No				
11. Are you now or have you ever used or been addicted to the use of habit forming drugs such as narcotics or barbiturates? <input type="checkbox"/> Yes <input type="checkbox"/> No				
12. Have you ever used any narcotic drug, dangerous drug, hallucinatory drug or any other substance deemed to be unlawful to possess or use? <input type="checkbox"/> Yes <input type="checkbox"/> No				
13. Are you now or have you ever been a chronic user to excess of alcoholic beverages? <input type="checkbox"/> Yes <input type="checkbox"/> No				
14. Have you been sued in a civil action within the last fifteen years? <input type="checkbox"/> Yes <input type="checkbox"/> No				
15. Have you filed bankruptcy within the last 15 years? If yes, attach a complete copy of the bankruptcy discharge. <input type="checkbox"/> Yes <input type="checkbox"/> No				
16. Has any bonding company ever refused, denied or cancelled any type of coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No				
17. Has any employer or military unit required a security clearance? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If the answer to any of the above is "Yes," furnish complete details in "Remarks" Section on next page.				
18. Are you presently a member of a Military Reserve or National Guard Organization? <input type="checkbox"/> Yes <input type="checkbox"/> No				
19. If "Yes above," complete the following: Grade: Unit and Location:				

**B. Criminal Record:**

1. Have you ever been detained, held, arrested, indicted or summoned into court as a defendant in a criminal proceeding?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
2. Have you ever been convicted, fined, imprisoned or placed on probation?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
3. Have you ever been ordered to deposit bail or collateral for the violation of any law, ordinance, police regulation or military regulation?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
4. Have you had any order, injunction or judgment, whether or not final, entered against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
5. Have you ever been detained, held or arrested for a traffic violation?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If the answer is "Yes" to any of "B" questions above, complete the following: Attach a written explanation and resolve (appropriate paperwork - description & final disposition) of any past or current criminal issues?			
Date	Offense	Location of Offense	Disposition

Additional space available in "Remarks" Section on next page.

2910 N. 44<sup>th</sup> St., Suite 310

Phoenix, AZ 85018

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**C. Residences:** Show all residences for the past ten (10) years in chronological order with the most recent first. Attach additional pages if necessary.

Date: From To	Address:	City:	State:	Zip Code:
Date: From To	Address:	City:	State:	Zip Code:
Date: From To	Address:	City:	State:	Zip Code:
Date: From To	Address:	City:	State:	Zip Code:
Date: From To	Address:	City:	State:	Zip Code:

**D. Employment:** Show every employment you have had and all periods of employment for the past ten (10) years in chronological order with the most recent first. You must include complete addresses. Resumes or personal references are not accepted in lieu of completing this form. Attach additional pages if necessary.

Date: From To	Supervisor:	Position/Title:
Name of Employer:		Reason for leaving:
Address of Employer:		City: State: Zip Code:
Date: From To	Supervisor:	Position/Title:
Name of Employer:		Reason for leaving:
Address of Employer:		City: State: Zip Code:
Date: From To	Supervisor:	Position/Title:
Name of Employer:		Reason for leaving:
Address of Employer:		City: State: Zip Code:
Date: From To	Supervisor:	Position/Title:
Name of Employer:		Reason for leaving:
Address of Employer:		City: State: Zip Code:

**E. Remarks:** Identify your response with the inquiry you are responding to. Furnish complete details. Attach additional sheets if necessary.




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**F. Education:** Account for all schools attended other than primary grades K through 8th grade. Attach additional pages if necessary.

Date: From To	Name of School:			
Degree:	Address of School:	City:	State:	Zip Code:
Date: From To	Name of School:			
Degree:	Address of School:	City:	State:	Zip Code:
Date: From To	Name of School:			
Degree:	Address of School:	City:	State:	Zip Code:

**G. Membership:** Show all memberships in organizations, past and present, you have had for the past ten (10) years.

Attach additional pages if necessary.

Date From To	Name of Organization:
Date From To	Name of Organization:
Date From To	Name of Organization:
Date From To	Name of Organization:
Date From To	Name of Organization:
Date From To	Name of Organization:
Date From To	Name of Organization:

**H. Family:** Identify all family members including children and siblings.

Relationship Father	Name:			
Address		City :	State:	Zip:
Relationship Mother	Name:			
Address		City :	State:	Zip:
Relationship Spouse	Name: First and Maiden Name			
Address		City :	State:	Zip:
Relationship	Name:			
Address		City :	State:	Zip:
Relationship	Name:			
Address		City :	State:	Zip:
Relationship	Name:			
Address		City :	State:	Zip:
Relationship	Name:			
Address		City :	State:	Zip:
Relationship	Name:			
Address		City :	State:	Zip:
Relationship	Name:			
Address		City :	State:	Zip:

Attach additional pages if necessary.



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**I. Attachments:**

1. Attach a written detailed summary of your experience and period of time.
2. Attach a written detailed summary / explanation for all your "YES" answers on page 1 for both A 8 through 17 and B 1 through 5.
3. Attach a detailed written explanation for any and all past or current derogatory credit. Your credit will be pulled and reviewed in conjunction with this biographical statement submission and a written explanation for each derogatory item found is required.
4. Your criminal record will be disclosed in conjunction with this biographical statement submission therefore, unless you know that an incident that was to be dismissed has been dismissed you will want to address it and provide the legal documents that states the resolution.
5. Attach your completed fingerprint card and the \$24 processing fee? **Submit Only "1" card.** You must complete your fingerprint card according to the fingerprint card instructions. **IF NOT, IT WILL BE RETURNED TO YOU. Complete all fields that you are required to complete and Do not complete fields that are required to be left blank.**
6. You must attach a **LEGIBLE** copy of your driver's license.

**Read, sign & notarize this document.**

**IMPORTANT:** The entries made in this form are subject to verification. Insure that they are complete and accurate since providing false information or omitting significant information in this form is a criminal offense.

**AFFIDAVIT**

STATE OF \_\_\_\_\_ )ss

COUNTY OF \_\_\_\_\_

I, (Print Your Name) \_\_\_\_\_ in connection with (Print Company Name) \_\_\_\_\_  
\_\_\_\_\_ certify that the above entries made by me are true, complete, and correct to the best of my knowledge and belief; AND pursuant to the provisions of the Arizona Revised Statutes, hereby authorize the Superintendent of Financial Institutions, the Attorney General of Arizona and their agents, to examine or receive a copy of any record maintained by the United States Armed Forces, or any Governmental Body, or any University, College or Board of Education of any state, or any bank or credit agency, relating to me, in the same manner and to the same extent as if I personally applied for the same, and I hereby authorize such records be disclosed or furnished in accordance with any request made by or on behalf of the Superintendent of Financial Institutions, the Attorney General of Arizona or their agents.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**Notarization of Signature**

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
My commission expires:

\_\_\_\_\_  
Notary Public